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APPLICATION NO.	FILING DATE		FIRST NAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/636,119 08/07/2003			Susumu Um	ezawa	13546	1560	
TTLE OF INVENTION: B	OTTOM VALVE APPARA	TUS OF HYDRAU	JLIC SHOCK A	BSORBER		·	
APPLN. TYPE	SMALL ENTITY ISSUE F		3E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	ИО	\$1400		\$300	\$1700	11/25/2005	
EXAMINER AF		ART UN	IT	CLASS-SUBCLASS]		
RODRIGUEZ, PAMELA		3683		188-322140			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	• • •		LL ENTITY status. See 37 C		
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Typed or printed name _	Keith H. Orum				1 No. <u>33985</u>		
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